



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

27 OCT '23 PM 2:54
BARNSTABLE TOWN CLERK

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2023 Ending Date: 10/27/2023

Type of Report: (Check one)

- 8th day preceding preliminary
 8th day preceding election
 30 day after election
 year-end report
 dissolution

Gordon M Starr
Candidate Full Name (if applicable)

Town Councilor Precinct 1
Office Sought and District

85 Pilots Way W Barnstable MA
Residential Address

E-mail: gordon.m.starr@gmail.com

Phone # (optional): _____

Gordon Starr for Town Councilor
Committee Name

Sherry Greene - Starr
Name of Committee Treasurer

85 Pilots Way West Barnstable MA
Committee Mailing Address

E-mail: _____

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>572.43</u>
Line 2: Total receipts this period (page 3, line 11)	<u>2040.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>2612.43</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>984.43</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>1628.00</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>COOPERATIVE BANK OF CAPE COD</u>

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Sherry Greene Starr (Treasurer's signature) Date: 10/27/23

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Gordon M. Starr (Candidate's signature) Date: 10/27/23

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
6/28/23	Christopher Shaw 1504 Main St. W Barnstable MA	150.00 (ch # 147)	Retired
9/14/23	Jerry Slovitz 10 Narrows Rd. Cotuit, MA 02635	\$ 70.00	clinical psychologist
10/2/23	Julie Jones 213 Lakeshore Dr W Centerville, MA	(ch 678) \$ 300.00	Retired educator
10/3/23	Peter & Sue Eleftherakis P.O. Box 911 Barnstable, MA	\$ 100.00	Business
10/12/23	Louise Nelson PO Box 906 Barnstable, MA	\$ 50.00	Retired Librarian
10/12/23	Kathy McShane 125 Calves Pasture Ln. Barnstable, MA	\$ 100.00	Retired Teacher
10/12/23	Rob & Bar Parke P.O. Box 874 Barnstable MA	\$ 50.00	Retired Surgeon
10/12/23	Stephen Waller 125 Blantyre Ave Centerville MA	\$ 50.00	Retired
10/13/23	David Ansel Dorothy Ansel 25 Kent Rd Barnstable, MA	\$ 50.00	Retired
10/13/23	Katherine Burger 91 Allyn Lane Barnstable, MA	\$ 40.00	Retired
10/13/23	Alfred Kubacki & Eliz. Trimbach 2849 Main St Barnstable, MA	\$ 500.00	Retired
10/15/23	William Bekker Jr 144 Augusta National Dr Yarmouthport, MA 02675	\$ 100.00	Retired
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/15/23	Wm. Belcher Jr 194 Augusta National Dr Yarmouthport MA	\$100.00	retired
10/15/23	Jason Stouts/Alison Akssi 72 Church St W Barnstable MA	\$50.00	soln engineer
10/17/23	Robert & Alexandra Frazer P.O. Box 309 Barnstable MA	\$100.00	retired
10/17/23	Rich md & Coral Manfredi P.O. Box 384 Cummaguid MA	\$50.00	retired
10/23/23	Larry & Beth Thayer P.O. Box 174 Cummaguid MA	\$50.00	retired
10/23/23	Hartley Bergstrom 73 Indian Hill Rd Barnstable MA	\$30.00	retired
10/25/23	Katie & Andrew Prehik Pilots Way West Barnstable	\$100.00	business owner / cc chokers

Line 9: Total Receipts over \$50 (or listed above) 2040

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD 2040.

← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
6/23/23	Timothy Johnson	RT 6A W Barnstable MA	Reimbursement for campaign banner from Staples	\$76.18
5/5/23	Avery Reeves	P.O. Box 321 Barnstable, MA	Web services	\$140.00
4/23	Gordon Starr	85 Pilots Way W Barnstable, MA	4th of July parade candy	96.60
9/21	Sunderland Printing	115 Enterprise Rd Nyanais MA	500 palm cards	135.94
10/14/23	Sherry Greene Starr	85 Pilots Way W Barnstable MA	Reimburse Signs 440.88 Wickets 108.83	549.71
10/16/23	USPS		stamps	\$66.00

Line 12: Total Expenditures over \$50 (or listed above)	984.43
Line 13: Total Expenditures \$50 and under* (not listed above)	
Line 14: TOTAL EXPENDITURES IN THE PERIOD	984.43

Enter on page 1, line 4 ->

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)**

